

National Institute of Health
Warren Magnuson Clinical Center
Nursing and Patient Care Services

Policy: Emergency Management Plan

Nursing and Patient Care Services (NPCS) will provide patient care in the event of a disaster or other emergency in accordance with the Clinical Center Emergency Management Plan.

Purpose:

This plan outlines the NPCS approach to responding to emergencies within the facility and in the community that would significantly impact the organization's services. It is to be used in conjunction with the Clinical Center Emergency Management Plan (CCEMP).

References:

Clinical Center Emergency Management Plan

Addendum:

Appendix (1): NPCS Emergency Management Plan

Appendix (2): NPCS Emergency Preparedness Data Sheet

Appendix (3): Recall Roster Instructions

Approved:

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Appendix (1): NPCS Emergency Management Plan

I. GENERAL INFORMATION

A. Definitions

1. Code Yellow

The announcement over the central paging system to alert staff that the Clinical Center Emergency Preparedness Plan has been activated.

2. Emergency Event

A situation requiring immediate attention and which can impact life and/or safety of staff, visitors or patients.

3. Emergency Management Communication Center

The command center established by the Office of the Director from which information and instructions are received and relayed during a Code Yellow.

4. Local Level Emergency

An emergency that is limited within a unit or defined area.

5. Nursing Resource Center (NRC)

Command center for NPCS during emergency events activated by Chief of NPCS/designee.

II. PROCEDURES & RESPONSIBILITIES

B. Emergency Occurs

1. Nursing staff member will assess the situation and initiate Communication of the emergency and life support measures (if appropriate) through the organizational structure.
 - a. Call 911 immediately to report the event, exact location of reporting unit and suggested safe access route.
 - b. Call 111 (if there are victims in need of immediate medical attention).
 - c. Activate the nearest fire alarm manual pull station.
 - d. Notify Charge Nurse of area where emergency has occurred.
 - e. Remove equipment and obstructions from all patient care areas and corridor.
 - f. Outline possible routes of evacuation.
2. Process of Communication
 - a. Person who discovers the event initiates communication of emergency through the organizational structure and informs the Charge Nurse.

- b. Charge Nurse or designee notifies Nurse Manager on the day shift or Administrative Coordinator on the evening, night and weekend shifts.
- c. Nurse Manager or Administrative Coordinator notifies Service Chief.
- d. Service Chief notifies Chief of NPCS and the Senior Administrator on call.
- e. Chief of NPCS or designee determines whether to activate the Nursing Resource Center.

B. Local Level Emergency Occurs

- 1. Role of the Chief of NPCS or Designee
 - a. Notifies units that an emergency exists and that the NPCS Emergency Management Plan has been activated.
 - b. Establishes location and coordinates functions of the Nursing Resource Center (NRC) to include:
 - i. Distribution of personnel to adequately handle the emergency situation and maintain safe patient care throughout the hospital.
 - ii. Initiation of request for units to complete Emergency Preparedness Data Sheet.
 - iii. Aggregation and analysis of data collected on Emergency Preparedness Data Sheets.
 - iv. Facilitation of patient transfers to other units (if necessary).
 - v. Arrangement for transportation or quartering of staff when necessary.
- 2. Charge Nurse will complete NPCS Emergency Preparedness Data Sheet and send to NRC when directed.
- 3. Process continues until NRC is disbanded by Chief of NPCS or designee.

C. Clinical Center Emergency Management Plan Activated (Code Yellow)

- 1. House-wide notification of CODE YELLOW occurs and activation of the Clinical Center Emergency Preparedness Command Center.
- 2. Activation of the NRC by Chief of NPCS or designee.
- 3. All staff should report to their patient care units/departments to receive instructions.
- 4. Manager or Charge Nurse activates the Recall Roster and the NPCS Emergency Preparedness Data Sheet upon request from NRC.
- 5. Each nurse is responsible for assessing patients to determine care that is essential during the emergency.

D. Evacuation Procedures

1. Process of Communication
 - a. All areas will be notified that an emergency exists and that the NPCS Emergency Management Plan has been activated.
 - b. The authority to order evacuation is the joint responsibility of the NIH Fire Department and Nurse Manager or designee. When the fire alarm is activated in the patient care area, it is the responsibility of the Nurse Manager or designee to initiate an evacuation of their area should harm to patients or staff be imminent.
 - c. When the Fire Department is present they will take over the decision making process and communication of the evacuation. The unit staff will care for the patients and await instructions regarding appropriate evacuation processes.
 - d. The need to evacuate is communicated to the NRC and/or Clinical Center Command Center by phone or whatever communication means is available.
2. Role of the Charge Nurse in collaboration with the Nurse Manager or Administrative Coordinator
 - a. Forwards the following information to the NRC:
 - i. Estimated time of evacuation
 - ii. New location
 - iii. Type of move to take place (vertical or horizontal)
 - iv. Request for supplies/resources needed for move
 - v. Confirm whether patient medications will be brought from the unit
 - b. Maintains the accuracy of the NPCS Emergency Preparedness Data Sheet.
 - c. Assigns the following roles:
 - i. **Receiver** - Nurse who receives patients in new location. A Charge Nurse in the refuge area needs to be identified and communicated to the NRC.
 - ii. **Transporter** - Staff who transport patients. The transporter confirms that the patient's medications and medical record are with the patient.
 - (a) Reports to the refuge area Charge Nurse or the receiving unit Charge Nurse.
 - (b) Brings information back to the sending unit Charge Nurse.
 - (c) Continues to return to the unit until released by the Charge Nurse.
 - iii. **Care Provider** – Staff to care for patients still on the unit.
 - iv. **Sweeper** – Staff who check the unit to insure patients, visitors, and staff have been evacuated.
 - (a) Triage patients, staff and visitors to be moved and establishes priorities for transport (i.e., ambulatory patients and visitors; then patients, staff, and/or visitors

- needing a wheel chair or special equipment including individuals with hearing/sight or mobility disabilities; then patients on life support).
- (b) On an inpatient unit, a pillow is placed outside the door to indicate a room has been checked by the sweeper.
- (c) In the outpatient areas, uses marker to indicate the room has been checked by the sweeper.
- d. Communicates with Fire Department representative if elevator evacuation is required. If need for wheelchairs/stretchers is acute, patients who reach the refuge area need to yield their chairs/stretchers so that other patients may be moved.
- e. Notifies the NRC that the evacuation has been completed.

CLINICAL CENTER NURSING & PATIENT CARES SERVICES
EMERGENCY PREPAREDNESS DATA SHEET

Unit/Day Hospital/Clinic: _____
 Date: _____

Charge Nurse: _____
 Time: _____

SECTION 1 : PATIENT INFORMATION

Rm #	Patient Name (last, first)	Ambulatory Status (Walks, W/C, Stretcher, etc.)	Off unit (location)	Rm #	Patient Name (last, first)	Ambulatory Status (Walks, W/C, Stretcher, etc.)	Off unit (location)
	1.				15.		
	2.				16.		
	3.				17.		
	4.				18.		
	5.				19.		
	6.				20.		
	7.				21.		
	8.				22.		
	9.				23.		
	10.				24.		
	11.				25.		
	12.				26.		
	13.				27.		
	14.				28.		

SECTION 2: UNIT SUMMARY

# Patients		# Discharges		# Available Beds	# Guests
On unit	Off unit	Actual	Potential		
# Isolations (patients requiring private room)		# 1:1 Assignment		# Non-ambulatory	

SECTION 3: EQUIPMENT/SUPPLIES REQUIRED FOR EVACUATION

O ₂ Tanks	Portable Suction	Cardiac Monitor	W/C	Stretcher	Other

SECTION 4: STAFF RESOURCE

	RN	RSA	PCT
Staff to remain on unit			
Staff available for deployment			
Staff needed			

EMERGENCY PREPAREDNESS DATA SHEET INSTRUCTIONS

**This tool will provide a quick snapshot of the unit at the time the data sheet is completed.*

SECTION 1: PATIENT INFORMATION

List all patients currently assigned to your unit. If there are more than 30 patients on your unit, continue on a second sheet and note the page number on the upper right hand corner of each page. Record the following patient information:

- ♦ Room number
- ♦ Name (last, first)
- ♦ Ambulatory status (walks independently, uses wheel chair, needs stretcher, etc)
- ♦ Current location if patient is off unit (x-ray, cat scan, etc).

SECTION 2: UNIT SUMMARY

Record the number of:

- ♦ Patients currently both on and off the unit (under # of patients)
- ♦ Planned actual discharges
- ♦ Potential discharges (patients that could be discharged if extra bed capacity is needed)
- ♦ Current available beds
- ♦ Guests (e.g., family, visitors, etc.) on the unit
- ♦ Isolations or patients requiring private rooms
- ♦ 1:1 patients (e.g., behavioral health units, ICUs, etc.)
- ♦ Non-ambulatory patients currently on the unit (e.g., wheelchair, stretcher, etc.)

SECTION 3: EQUIPMENT/SUPPLIES REQUIRED FOR EVACUATION

Indicate the number of items that will be necessary for patient transport should evacuation be necessary:

- ♦ Oxygen tanks
- ♦ Portable suction
- ♦ Cardiac monitors
- ♦ Wheel chairs
- ♦ Stretchers
- ♦ Other equipment or supply specific to the needs of your patients

SECTION 4: STAFF RESOURCE

Record the following information:

- ♦ Total number of staff that is necessary to care for the patients you currently have on the unit.
- ♦ Total number of staff that is currently available for deployment to other areas.
- ♦ Total number of staff currently needed that are not present on your unit.

_____ copy – stays on unit for use by the Charge Nurse
_____ and _____ copies - sent to Nursing and Patient Care Services Command Center

Appendix (3): NPCS Recall Roster

A. Explanation & Definitions

1. The recall roster has been divided into three groups based on how long it takes the staff to get to the Clinical Center:

Group 1 - commute is less than 15 minutes;

Group 2 – commute is between 15 -30 minutes; and

Group 3 – commute is over 60 minutes.

2. The following definitions have been created for use with the recall list:

Key Alerter – On the patient care units, this is the nurse manager. This person is responsible for initiating the recall roster for his or her defined area.

Primary Alerter – Each group has a person designated as a primary alerter who is responsible for calling each person within their designated group.

Alternate Alerter - Each group has a person designated as an alternate alerter who is responsible for calling if the primary alerter can not be reached.

3. The key, primary and alternate alerter will each have a copy of the recall roster.
4. The ANSOS database is updated monthly. Changes made to the recall roster should be communicated by the Charge Nurse to the key and primary alerter. Updated recall rosters will be distributed each month.
4. A monthly department roll-up of the recall roster is delivered to the offices of: Chief of Nursing and Patient Care Services; Chief of Critical and Acute Care; Chief of Adult, Pediatrics and Behavioral Health; and Chief of Ambulatory Care Services.

B. Instructions

PLEASE NOTE: The recall roster is a confidential document. It contains sensitive administrative personnel information and should be used with discretion. The N&PCS Recall List should be kept in the red plastic folder in a secure location within your work area.

1. The key alerter will initiate the recall list upon direction from the Chief of NPCS or designee in the event of a Clinical Center emergency.
2. Once contacted, the key alerter will contact the primary alerter for each group. The alternate alerter will be contacted if the key alerter is unable to contact the primary alerter. The key alerter will contact each person within a group if he or she is not able to reach either the primary or alternate alerter.
3. The primary or alternate alerter needs to document the following information:
 - a. Was direct contact made?
 - b. Is the individual available to come in?
 - c. If contact was not made, was a message left?
 - d. Any comments?
4. Contact is defined as the alerter communicating to the intended receiver directly and the receiver acknowledging receipt and understanding of the message. The alerter must leave instructions with someone or on an answering machine for the person to call or page the key alerter/designee if he or she is unable to reach a staff member directly.
5. All recall roster worksheets should be given to the key alerter upon completion and be retained for any debriefing activities.